

2003

STATE OF NEW JERSEY
DOMESTIC COMPANIES

PLACE LABEL HERE

Insurer NAIC Code Number _____

Place the peel off label in the space provided.
Make necessary corrections on the label.

IMPORTANT: THE FOLLOWING INSTRUCTIONS
MUST BE ADHERED TO.

The Original Return must be filed with the Director,
Division of Taxation on or before March 1 annually
and shall be accompanied with a CHECK PAYABLE TO—
“NJ DIVISION OF TAXATION—INSURANCE TAX”
(See address at right.)

Division of Taxation
PO Box 247
Trenton, NJ 08646-0247

PLEASE REFER TO INSTRUCTIONS ON PAGE 4 CONCERNING ELECTRONIC FUNDS TRANSFER (EFT) PAYMENTS.
AND ALSO

A duplicate return must be filed with the
Commissioner of Banking and Insurance at the same time.
(See address at right.)

Department of Banking
and Insurance
PO Box 325
Trenton, NJ 08625-0325

WHEN COMPLETING THIS RETURN, PLEASE BE SURE TO FOLLOW THE GENERAL FILING INSTRUCTIONS ON PAGE 4.

ANNUAL REPORT
Statement of Premium Taxes and Other Obligations
Life Insurance Companies

Commissioner of Banking and Insurance, State of New Jersey:
Director, Division of Taxation, State of New Jersey:

The _____
incorporated or organized under the laws of New Jersey and with offices located at _____
(MAIL ADDRESS OF OFFICE PREPARING RETURN)

hereby submit the following statement for the calendar year ending December 31, 20_____, as required by, and in accordance with the New Jersey
Revised Statutes Title 54 Chapters 16, 17, 18 and 18A.

The actual address of the New Jersey Principal Office: _____
STREET, CITY, ZIP CODE
_____, which is located in _____
NAME OF MUNICIPALITY* AND COUNTY

*Please be sure to indicate the actual municipality and not the New Jersey mailing address.

Date of incorporation or organization _____

Date first licensed in New Jersey _____

STATE OF _____ }
COUNTY OF _____ } ss.

On this _____ day of _____ A.D. 20____ before me _____
personally appeared _____
(INSERT SECRETARY OR U.S. MANAGER)

_____ Insurance Company of _____

who being duly sworn according to law, on his oath did depose and say that the foregoing report is true and correct.

Subscribed and sworn to before me the _____
day and year aforesaid. _____
(INSERT SECRETARY OR U.S. MANAGER)

(OFFICIAL TITLE)

IMPORTANT:
THIS BLOCK MUST BE COMPLETED
FEDERAL EMPLOYER IDENTIFICATION
NUMBER

(NAME OF PARTY TO CONTACT REGARDING THIS RETURN) (TITLE) (PHONE NUMBER) (FAX NUMBER)

(SIGNATURE OF INDIVIDUAL PREPARING THIS RETURN) (PREPARER'S IDENTIFICATION NUMBER)

(NAME OF TAX PREPARER'S EMPLOYER) (EMPLOYER'S IDENTIFICATION NUMBER)

SCHEDULE A

DOMESTIC LIFE INSURANCE COMPANIES

MUST BE COMPLETED BY ALL TAXPAYERS

PREMIUM TAX

				STATE OF NEW JERSEY BASIS	
1. Life Insurance Premium				•	
2. Individual Accident and Health				•	
3. Group Accident and Health				•	
4. All Other explain					
5. Total per Schedule T (reconcile if different) lines 1 to 4					
6. Catchall attach computation					
7. Total Premiums lines 5 + 6				•	
8. Dividends paid in cash: excluding \$ dividends on Qualified Pension Plans					
9. Dividends used for renewal: excluding \$ dividends on Qualified Pension Plans					
10. Dividends left on deposit: excluding \$ dividends on Qualified Pension Plans					
11. Life premiums on qualified pension plans (Attach documentation)					
12. All Other explain					
13. Total deduction lines 8 to 12, attach a copy of New Jersey State page 24 of Annual Statement as filed with the New Jersey Department of Banking and Insurance					
14. Taxable Premiums line 7 less line 13				•	
<div>TAX COMPUTATION</div> <div>TYPE</div> <div>TAXABLE PREMIUMS</div> <div>(See Note Below)</div> <div>TAX RATE</div> <div>TAX</div>					
15. Life	\$		2.1%	•	
16. Individual A & H	\$		2.1%	•	
17. Group A & H	\$		1.05%	•	
18. Totals (Line 15 thru 17)	\$ •		XXXX	•	
CALCULATION OF TOTAL AMOUNT DUE				XXXXXXXXXX	
19. Other Credits* Attach Detailed Schedule				•	
20. Smart Moves For Business Program Tax Credit from Form 307 (See instructions on Page 4)				•	
21. Guaranty Fund Assessment Credit (from Schedule C, Line 8 on Page 4)				•	
22. Total Tax Credits (Total of Line 19 to Line 21)				•	
23. Balance of Tax Liability Due (Line 18 Less Line 22)				•	
24. Credit For Prepayment of Premium Tax paid March 1 and June 1 of prior calendar year				•	
25. Balance Due (Line 23 Less Line 24)				•	
26. Prepayment of 2004 Tax—50% of Line 18				•	
27. Total Amount Due State of New Jersey (Line 25 Plus Line 26)				•	
28. If line 25 plus line 26 is less than zero enter the amount of the overpayment				•	
29. Amount of line 28 to be applied to June 1, 2004 prepayment				•	
30. Amount of line 28 to be refunded				•	
PAYMENT OF THE AMOUNT INDICATED AT LINE 27 MUST BE SUBMITTED TO THE DIVISION OF TAXATION AT THE ADDRESS INDICATED ON THE FIRST PAGE OF THIS RETURN.					

NOTE: If taxable premiums are determined as provided in N.J.S.A. 54:18A-6 (12½% limitation), then Schedule B, Calculation of Taxable Premiums as provided in N.J.S.A. 54:18:A-6 must be completed.

*Requires proof of payment

SCHEDULE B

LIFE INSURANCE COMPANIES

CALCULATION OF TAXABLE PREMIUMS AS PROVIDED IN N.J.S.A. 54:18A-6

INSTRUCTIONS

This schedule is to be completed *only* by those companies *electing* to calculate taxable premiums as provided in N.J.S.A. 54:18A-6 (12½% Limitation).

If the company was licensed subsequent to 6/30/84, complete *both* Section I and Section II.

If the company was licensed prior to 7/1/84, complete *only* Section II.

Worldwide Premiums should be calculated in Section I and II in accordance with the provisions for calculating New Jersey Taxable Premiums as indicated at Schedule A, Line 14.

Schedule A, Lines 1 to 14, must still be completed by all TAXPAYERS.

SECTION I—COMPLETE ONLY IF *LICENSED* SUBSEQUENT TO 6/30/84.

WORLDWIDE PREMIUM DATA FOR COMPANY COMPLETING THIS RETURN
AND ALL OF ITS AFFILIATES AS DEFINED IN N.J.S.A. 17:27A-1 et seq.

WORLDWIDE PREMIUM DATA	(A) WORLDWIDE PREMIUMS	(B) 12½% OF AMOUNT IN COLUMN (A)	(C) NEW JERSEY PREMIUMS
1. Life Insurance Premiums of Company and all of its Affiliates			
2. Individual Accident & Health Insurance Premiums of Company and all of its Affiliates			
3. Group Accident & Health Insurance Premiums of Company and all of its Affiliates			
4. TOTAL			

SECTION II—MUST BE COMPLETED BY ALL COMPANIES ELECTING TO CALCULATE TAXABLE PREMIUMS AS PROVIDED IN N.J.S.A. 54:18A-6.

WORLDWIDE PREMIUM DATA FOR COMPANY COMPLETING THIS RETURN

WORLDWIDE PREMIUM DATA	(A) WORLDWIDE PREMIUMS	(B) 12½% OF AMOUNT IN COLUMN (A)
1. Life Insurance Premiums		
2. Individual Accident & Health Insurance Premiums		
3. Group Accident & Health Insurance Premiums		
4. TOTAL		

NOTE: IN ORDER TO DETERMINE WHICH FIGURES SHOULD BE APPLIED AS TAXABLE PREMIUMS AT LINE(S) 15, 16 AND 17 OF SCHEDULE A, PLEASE REFER TO THE INSTRUCTIONS ON PAGE 4 FOR THE DETERMINATION OF TAXABLE PREMIUMS AS PROVIDED IN N.J.S.A. 54:18A-6.

SCHEDULE C—CALCULATION OF GUARANTY FUND ASSESSMENT CREDIT

Eligibility—Provided for by the New Jersey Life and Health Insurance Guaranty Association Act (N.J.S.A. 17B:32A-18), a member Life and Health insurer may offset against its premium tax liability, attributable to premiums written in that year, any assessments for which a certificate of contribution has been issued, to the extent of 10% of the amount of those assessments for each of the five calendar years following the second year after the year in which those assessments were paid, except that no member insurer may offset its premium tax liability by more than 20% of its premium tax liability in any one year. **Be sure to include proof of payment for all assessments listed below.**

YEAR ASSESSMENT PAID	YEARS IN WHICH A CREDIT FOR AN ASSESSMENT CAN BE CLAIMED (CREDIT IS 10% OF ASSESSMENT)							AMOUNT OF ASSESSMENT	MAXIMUM ALLOWABLE CREDIT 10% OF ASSESSMENT
	1	2	3	4	5	6	7		
1996	XX	XX	1999	2000	2001	2002	2003		1.
1997	XX	XX	2000	2001	2002	2003	2004		2.
1998	XX	XX	2001	2002	2003	2004	2005		3.
1999	XX	XX	2002	2003	2004	2005	2006		4.
2000	XX	XX	2003	2004	2005	2006	2007		5.
Maximum Credit Available for this Return (add lines 1 through 5 above)									6.
Enter 20% of the tax liability reported on Schedule A, Line 18									7.
Enter the lesser of line 6 or line 7 here and on Schedule A, Line 21									8.

DOMESTIC COMPANIES
GENERAL FILING INSTRUCTIONS

Please note that material changes have been made to the tax form due to computerization of Department of Banking and Insurance and Division of Taxation records. Listed below you will find instructions which highlight special areas of concern when completing the tax return.

1. **NAIC code**—At the top left side of the first page of the return is a space to provide the insurer’s five digit NAIC (National Association of Insurance Commissioners) code. This space must be completed by all taxpayers.
2. **Peel Off Labels**—Two (2) peel off labels were included with the blank tax returns that were mailed to each taxpayer. A peel off label must be affixed to the space provided at the top right hand corner of the first page of the tax return being submitted to the Division of Taxation and to the Department of Banking and Insurance.
3. **Schedule A**—Please note that Schedule A, including lines 1 to 14, must be completed by **all** taxpayers, even if the taxpayer is calculating the tax based on the 12.5% limitation indicated in Schedule B.
4. **Penalty and Interest**—Any taxpayer which shall fail to file its return when due or to pay any tax when due shall be subject to penalties and interest as provided for in the State Tax Uniform Procedure Law (N.J.S.A. 54:48-1, et seq.) and N.J.S.A. 18:2-2.1 et seq.
5. Please note that attachments must be included with the return being filed with the Division of Taxation and with the duplicate original return which is simultaneously being filed with the Department of Banking and Insurance.

SMART MOVES FOR BUSINESS PROGRAM TAX CREDIT
(FORMERLY THE EMPLOYER TRIP REDUCTION PLAN/RIDE SHARE TAX CREDIT)

A taxpayer who has registered with the New Jersey Department of Transportation and who has an authorized report/plan to provide commuter transportation benefits may claim a tax credit based on the direct expenditures attributed to the plan.

To claim the credit the taxpayer must complete Form 307 and attach it to the tax return. This form and related information may be obtained from the Taxpayer Forms Service, PO Box 269, Trenton, N.J. 08695-0269, or by calling 1-800-323-4400 for New Jersey taxpayers or 609-826-4400 for out-of-state taxpayers.

If Form 307 is being submitted, the appropriate tax liability to be reported on line 13 of Part III is the tax amount reported on line 18, Schedule A of this premium tax return. The tax credit amount to be reported on Line 18, Part III of Form 307 is the amount reported on Line 21, Schedule A of this return.

ELECTRONIC FUNDS TRANSFERS

The Division of Taxation has established procedures to allow the remittance of tax payments through electronic funds transfer (EFT). Taxpayer’s with a prior year’s liability of \$20,000 or more in any one tax are required to remit all tax payments using EFT.

If you have any questions concerning the EFT program, call 609-984-9830 or write to the N.J. Division of Revenue, EFT Section, PO Box 191, Trenton, N.J. 08646-0191.

If remitting payment by EFT, the Total Amount Due indicated at line 27 must be transmitted in one transaction with an applicable year of 2003. The prepayment of the 2004 tax liability included in this amount will automatically be credited to the 2004 tax year when the taxpayer files the 2004 Insurance Premium Tax Return. A separate transaction for the amount of the 2004 prepayment at line 26 is not required.

INSTRUCTIONS FOR THE DETERMINATION OF TAXABLE
PREMIUMS AS PROVIDED IN N.J.S.A. 54:18A-6
(SCHEDULE B)

If the company was licensed subsequent to 6/30/84 and the amount indicated at Section I, Line 4, Column C *is not greater* than the amount indicated at Section I, Line 4, Column B, then the company does not qualify to use this limitation. Taxable Premiums are then those included at Line 14 of Schedule A.

If the company was licensed subsequent to 6/30/84 and the amount indicated at Section I, Line 4, Column C *is greater* than the amount indicated at Section I, Line 4, Column B, then taxable premiums are the amounts indicated at Section II, Column B. These amounts should be entered at the applicable Line(s) (15, 16, 17) of Schedule A. A detailed schedule of Worldwide and New Jersey Premiums of the Company and each affiliate must also be submitted with this schedule.

If the company was licensed prior to 7/1/84 and if the amount indicated at Section II, Line 4, Column B *is less* than taxable premiums indicated at Line 14 of Schedule A, then enter amounts from Column B at the applicable Line(s) (15, 16, 17) of Schedule A. If the amount indicated at Section II, Line 4, Column B *is not less* than taxable premiums indicated at Line 14 of Schedule A, then taxable premiums are those included at Line 14 of Schedule A.

IMPORTANT NOTE

PAYMENT for the amount indicated at Schedule A Line 27 of the Insurance Premium Tax Return **MUST BE SUBMITTED TO THE DIVISION OF TAXATION** at the address indicated on the first page of this return. **DO NOT** send payment of this amount to the Department of Banking and Insurance.

However, if the taxpayer is simultaneously paying an Annual Statement Filing Fee, Renewal of Certificate of Authority Fee, Maintenance Fee, Insurance Development Fund Surcharge etc., these amounts must be submitted under separate cover to the address indicated on the notice received for the particular fee, surcharge etc. and **MUST NOT** be included with the Insurance Premium Tax Return.

****ALL ATTACHMENTS MUST BE INCLUDED WITH BOTH THE ORIGINAL RETURN FILED WITH THE DIVISION OF TAXATION AND THE DUPLICATE RETURN FILED SIMULTANEOUSLY WITH THE DEPARTMENT OF BANKING AND INSURANCE.**